

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Pharmacists
Managed Care Organizations

Memo: 10-71
Issued: November 1, 2010

From: Doug Porter, Administrator and
Medicaid Director Health Care
Authority/Medicaid Purchasing
Administration

For further information, go to:
<http://hrsa.dshs.wa.gov/pharmacy>

Subject: Prescription Drug Program: Maximum Allowable Cost Update

Effective for dates of service on and after December 1, 2010, (unless otherwise noted) the Medicaid Purchasing Administration (MPA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list; and
2. Adjustments to existing MACs; and
3. MAC removals.

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 12/01/10
ADAPALENE	0.1%	GEL	\$3.49590
ENOXAPARIN SODIUM	100MG/ML	SOLUTION	\$67.58960
ENOXAPARIN SODIUM	150MG/ML	SOLUTION	\$101.42580
FLUOROURACIL	5%	CREAM	\$5.18650
ANTIHEMOPHILIC FACTOR – HUMAN (HEMOFIL)	220-400U	VIAL	\$0.72500
ANTIHEMOPHILIC FACTOR – HUMAN (HEMOFIL)	401-800U	VIAL	\$0.72500
ANTIHEMOPHILIC FACTOR – HUMAN (HEMOFIL)	801-1700U	VIAL	\$0.72500
ANTIHEMOPHILIC FACTOR – HUMAN (HEMOFIL)	1701-2000U	VIAL	\$0.72500

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 11/01/10
GLYBURIDE	5MG	TABLET	\$0.27800

MAC Adjustments, continued:

Generic Name	Strength	Form	MAC Effective 12/01/10
AMPHETAMINE-DEXTROAMPHETAMINE	5MG	TABLET	\$0.18430
AMPHETAMINE-DEXTROAMPHETAMINE	7.5MG	TABLET	\$0.33250
AMPHETAMINE-DEXTROAMPHETAMINE	10MG	TABLET	\$0.18110
AMPHETAMINE-DEXTROAMPHETAMINE	12.5MG	TABLET	\$0.33250
AMPHETAMINE-DEXTROAMPHETAMINE	15MG	TABLET	\$0.31210
AMPHETAMINE-DEXTROAMPHETAMINE	20MG	TABLET	\$0.16760
AMPHETAMINE-DEXTROAMPHETAMINE	30MG	TABLET	\$0.17210
AZATHIOPRINE	50MG	TABLET	\$0.16500
CABERGOLINE	0.5MG	TABLET	\$14.20780
DESONIDE (15GM SIZE)	0.5%	OINTMENT	\$0.24399
DESONIDE (60GM SIZE)	0.5%	OINTMENT	\$0.11250
DOXAZOSIN MESYLATE	4MG	TABLET	\$0.09040
FLUOXETINE HCL	90MG	TABLET	\$24.36530
LEVETIRACETAM	250MG	TABLET	\$0.24080
LEVETIRACETAM	500MG	TABLET	\$0.24410
LEVETIRACETAM	750MG	TABLET	\$0.36310
LEVETIRACETAM	1000MG	TABLET	\$0.62310
LIOETHYRONINE SODIUM	5MCG	TABLET	\$0.62600
LIOETHYRONINE SODIUM	25MCG	TABLET	\$0.82260
LIOETHYRONINE SODIUM	50MCG	TABLET	\$1.25640

3. MAC removals:

Generic Name	Strength	Form	MAC Effective 11/01/10
POTASSIUM CHLORIDE (MICROCRYSTALS)	20MEQ	TABLET CR	\$0.00000
TRIAMCINOLONE	0.1%	OINTMENT	\$0.00000
TRIAMCINOLONE	0.5%	OINTMENT	\$0.00000

How Can I Get the Department/MPA Provider Documents?

To download and print the Department/MPA provider numbered memos and billing instructions, go to the Department/MPA website at <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link).